Federal Communications Commission (FCC) Universal Service Administrative Company (USAC) Rural Health Care Pilot Program (RHCPP)

Quarterly Report
Reporting Dates: December 19, 2007 – June 30, 2008
Report Due: July 30, 2008

1. Project Contact and Coordination Information for Geisinger Health System ("Geisinger") and its physician practice plan, Geisinger Clinic:

Project Coordinator
Judith Argon
Chief Admnistrative Officer, Research, Geisinger Health System
100 N. Academy Avenue
Danville, PA 17822-0044
(570) 214-5106
ikargon@geisinger.edu

Associate Project Coordinator/mailing contact (prior to 7/3/08)
Jim Younkin
Geisinger Health System
100 N. Academy Avenue MC17-01
Danville, PA 17822
(570) 214-9767
jryounkin@geisinger.edu

Associate Project Coordinator/mailing contact (effective: 7/3/08) Mary Honicker
Geisinger Health System
100 N. Academy Avenue MC 17-01
Danville, PA 17822
(570) 214-4664
mhonicker@geisinger.edu

2. Identify all healthcare facilities included in the network.

Geisinger has identified multiple rural and urban non-profit healthcare facilities with which to partner. At the submission of this quarterly report, we have not obtained signed Letter of Agency documents.

3. Network Narrative. Network goals include the following:

- Sufficient bandwidth to allow pre-transport assessment of CT radiographs for trauma patients
- o Improve remote electronic healthcare record (EHR) access and ancillary functions
- o Improve performance of poor performing digital connections and expand deployment of pediatric tele-echo services

Geisinger Health System ("Geisinger") Quarterly Report Page 1

4. List of Connected Health Care Providers N/A

5. Identify non-recurring and recurring costs N/A

6. Describe how costs have been apportioned and the sources of the funds to pay them:

Geisinger will leverage FCC funding by a combination of internal funding, particularly from departments participating in this endeavor (e.g., radiology, pediatric cardiology) and seek external state and national grants to offset capital and operating costs. Finally, our advocacy arm will speak to state and national leaders to address policy changes that could make ongoing support reasonable.

- 7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network: We have no plans at this time to connect ineligible entities.
- 8. Provide an update on the project management plan:

Geisinger's Rural Healthcare Pilot Program's mission is to provide leadership for the development and regional implementation of an open-standard health information technology infrastructure to improve the healthcare quality, efficiency, and emergency response and efficiency of healthcare in our region.

9. Provide detail on whether network is or will become self-sustaining. Selected participants should provide an explanation of how network is self sustaining: As part of the work plan assessment (and with experience), our partnership will develop a cost structure for sustaining the network. This may be based on usage and scaled for size of the institutions and participating practices.

A number of our telemedicine programs, including pediatrics, have self-sustaining business models; these will become models for the development of the business practices for this partnership.

10. Provide detail on how the supported network has advanced telemedicine benefits:

Geisinger is a leader in the formation of the Keystone Health Information Exchanged (KeyHIE), our regional health information organization (RHIO). As such, we are the recipient of an award from the Agency for Healthcare Research and Quality (AHRQ) for the development of a regional RHIO.

Geisinger's Telemedicine Task Force is planning several telemedicine initiatives that will benefit the communities that participate in this Rural Health Care Pilot Program (RHCPP)

11. Provide detail on how the supported network has compiled with HHS health IT initiatives:

N/A

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Center for Disease Control and Prevention (CDC) instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials:

N/A

PROGRESS TO DATE:

May 2007

• Rural Health Care Pilot Program application submitted by Sandra Buckley on May 5, 2007.

November 2007

- FCC FRN submission on November 29, 2007. FCC Registration #0017177577 December 2007
 - Received Selection Letter dated December 20, 2007 for the participation in the Rural Health Care Pilot Program.

January 2008

• Notification of Project Coordinator and Associate Project Coordinator/Mailing Contact letter sent on January 29, 2008.

May 2008

• Received Notarized Certification from D&E Communication on 5/16/08.

June 2008

- Reported (via e-mail) to Mr. Suhail Smith on June 4, 2008, that Geisinger will not be posting a 465 for the 2007 funding year and therefore will be carrying over the 2007 funds to the 2008 funding year.
- Sent certified letter on June 9, 2008 requesting Associate Project Coordinator/Mailing Contact information change to:

Mary Honicker Geisinger Health System 100 N. Academy Avenue MC 17-01 Danville, PA 17822 570) 214-44664 mhonicker@geisinger.edu

Respectfully submitted,

Judith Argon

Chief Administrative Officer, Research